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PTO/SB/05 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032

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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. 1.53(b))	Attorney Docket No. T-6093	
	First Inventor	Robert V. Bell et al
	Title	SAFE AND AUTOMATIC METHOD FOR REMOVAL OF COKE FROM A COKE VESSEL
	Express Mail Label No	EV 003648474 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies), or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies
3. <input checked="" type="checkbox"/> Specification [Total Pages 201] (preferred arrangement set forth below) - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure	ACCOMPANYING APPLICATIONS PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other.
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] 5. <input type="checkbox"/> Oath or Declaration [Total Pages] a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) (for a continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No _____
Prior application information: Examiner _____ Group / Art Unit _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below					
Name	ChevronTexaco Corporation Law Department Intellectual Property Unit				
Address	P. O. Box 6006				
City	San Ramon	State	CA	Zip Code	94583-0806
Country	U.S.A.	Telephone	925-973-4577	Fax	925-973-4490
Name (Print/Type)	S. R. Ellinwood		Registration No. (Attorney/Agent)		48,495
Signature				Date	January 10, 2002

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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision</i>		Complete if Known	
		Application Number	
		Filing Date	January 10, 2002
		First Named Inventor	Robert V. Bell et al
		Examiner Name	
		Group / Art Unit	
TOTAL AMOUNT OF PAYMENT		(\$)	794
		Attorney Docket No	T-6093

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)				
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None Order						
<input checked="" type="checkbox"/> Deposit Account						
Deposit Account Number	03-1620					
Deposit Account Name	ChevronTexaco Corporation					
The Commissioner is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account						
FEE CALCULATION						
1. BASIC FILING FEE		3. ADDITIONAL FEES				
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	
101	740	201	370	Utility filing fee	740	
106	330	206	165	Design filing fee		
107	510	207	255	Plant filing fee		
108	740	208	370	Reissue filing fee		
114	160	214	80	Provisional filing fee		
SUBTOTAL (1)		(\$) 740				
2. EXTRA CLAIM FEES						
Total Claims	23	-20 **	3	Extra Claims	Fee from below	Fee Paid
Independent Claims	2	-3 **	0		84	0
Multiple Dependent						0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description		
103	18	203	9	Claims in excess of 20		
102	84	202	42	Independent claims in excess of 3		
104	280	204	140	Multiple dependent claim, if not paid		
109	84	209	42	** Reissue independent claims over original patent		
110	18	210	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		(\$) 54				
**or number previously paid, if greater; For Reissues, see above						
		Other fee (specify)				
		*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0				

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Steven R. Ellinwood	Registration No. Attorney/Agent	48,495	Telephone	(925) 973-4577
Signature		Date	January 10, 2002		

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